

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35765

FILED
Apr 25, 2006
Secretary of State

Entity Name: CLEARWATER JAZZ HOLIDAY FOUNDATION, INC.

Current Principal Place of Business:

PO BOX 7278
CLEARWATER, FL 346187278

New Principal Place of Business:

2508 NE COACHMAN RD
STE 8
CLEARWATER, FL 33755

Current Mailing Address:

2508 NE COACHMAN RD
STE 8
CLEARWATER, FL 33755

New Mailing Address:

FEI Number: 58-1910442 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SULLIVAN, C.A. ESQ
311 S MISSOURI AVE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

FOLSOM, SUSAN
2508 NE COACHMAN RD
STE 8
CLEARWATER, FL 33755 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SUSAN FOLSOM

04/25/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GERWIG, LARRY
Address: 620 DREW ST
City-St-Zip: CLEARWATER, FL 33755

Title: SD () Delete
Name: RENFRO, JEANIE
Address: 1680 GULF TO BAY BLVD
City-St-Zip: CLEARWATER, FL 33755

Title: TR () Delete
Name: FOLSOM, SUSAN
Address: 1605 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

Title: VD () Delete
Name: RUPPEL, DAVID
Address: 8250 BRYAN DAIRY RD
City-St-Zip: LARGO, FL 33777

Title: TD (X) Delete
Name: FOLSOM, SUSAN
Address: 1605 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHEPPARD, PATRICK
Address: 2508 NE COACHMAN RD STE 8
City-St-Zip: CLEARWATER, FL 33765

Title: S (X) Change () Addition
Name: WEINBERGER, STEVEN
Address: 2508 NE COACHMAN RD STE 8
City-St-Zip: CLEARWATER, FL 33765

Title: T (X) Change () Addition
Name: FOLSOM, SUSAN
Address: 2508 NE COACHMAN RD STE 8
City-St-Zip: CLEARWATER, FL 33765

Title: VP (X) Change () Addition
Name: RUPPEL, DAVID
Address: 2508 NE COACHMAN RD STE 8
City-St-Zip: CLEARWATER, FL 33765

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN FOLSOM

T

04/25/2006

Electronic Signature of Signing Officer or Director

Date